

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 197
Registered No. _____

1. PLACE OF BIRTH

County Pima State Ariz
District or Township _____ or Village Payson
City _____ No. _____ St. _____ Ward _____

2. Full name of child Carol June Davis (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 2 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth Aug 22 / 26
Month Day Year

8. FATHER
Full name Otto Davis

9. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Oklahoma
(State or country)

13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name Ruth Almstedt

15. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Ill.
(State or country)

19. Occupation
Nature of industry H.W.

20. Number of children of this mother _____ (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Ch. R. Rison
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Payson Ariz
Month, day, year

Filed Aug 22, 1926 Ch. R. Rison
Registrar

Registrar

342-822-914

WRITE PLAIN INK—THIS IS A FURTHER REQUIREMENT—USE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE STATED IN ORDER OF BIRTH STATED.